RECEIVED

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E	E. Capitol, Pierre, SD 575	601-5077 S.D. SEC. OF STATE	
1. TITLE OF NEWSPAPER South Shove Gaz	ette	29/13/16	
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISH WERLY	HED ANNUALLY 3B. PR	ANNUAL SUBSCRIPTION ICE \$21 + 23 out of sta	te
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF	PUBLICATION (Street, C	City, County, State and ZIP+4 Code)	
(Not printers) South Shore Gazette 10	6 N Main Box	625 South Shove, SI	67263
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTE PUBLISHER (Not printers) Same as a because of the printers of t		ESS OFFICES OF THE	
6 FULL NAME OF DUDI ICHED.	ne Elmore		
7. OWNER (If owned by a corporation, its name and address must addresses of stockholders owning or holding 1 percent or more names and addresses of the individual owners must be given. If and address, as well as that of each individual must be given.	t be stated and list on the ba of total amount of stock. If	not owned by a corporation, the	
Glenn Galen & Comine Closi	a Elmois Box 9	MAILING ADDRESS 6 South Shove SD 5	7263
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, M			
state. If more space is needed, list on back of this form.	a. C 11 C	1	
Glenn+ Comme Elmore B	OX 96 SUITUSI AVERAGE NO. COPIES	hove, SD 57263	-
9. EXTENT AND NATURE OF CIRCULATION	EACH	ACTUAL NO. COPIES	
in state of out of State	ISSUED PRECEDING 1: MONTHS	NEAREST TO FILING DATE	
A.TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	475	475	1
B.PAID AND/OR REQUESTED CIRCULATION	. 77	12	1
 Sales through dealers and carriers, street vendors, and counter sales. 	0	0	
Mail Subscription (Paid and or requested)	334	334	
3. Paid Electronic Copies	334	334	
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	0	0	
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	0	30.0	
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	· ·		
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	334	334	
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	141	(41	
2. Return from News Agents		**	
G.TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	415	475	
Statement must be signed by Publisher, Business Manag	ger, or Owner in the pr	esence of a Notary Public	
I swear that the statements made by me are true, correct, and complete: (Signature) (Title)			
/ (Signature)			
State of South Dakota)	Sworn to before me this 19 day of September 20 16		
County of Codington)	Notary Public		
(Seal)	المراج وجواري والمراجع والمراع	December 5 201	٠
Market Conference Conf	My commission expires:	December 52019	

Form: SOS REC 051 9/2016